	45	PLACE 55 BIRTH	•			
	of each	1. County of	ARIZONA STATE BOARD OF HEALTH			
	number	District of		TAL STATISTICS	2.0	83 V
	unu e	Town of		FICATE OF BIRTH	State Index No	
child was	• 5 ±	City of Tlobs.	No :		Local Registrar No. 29	
: 25 9000	MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD a birth, a SEPARATE RETURN; unst he made for each and	2. Full name of child. Tete	Nab Ray	curred in a hospital or institut	St., ion, give its NAME instead of stree { If child is not yet	
	INT.	3. Sex of Child To be answered ONL	Y 4. Twin, triplet or other	r. Q 6. Legitimate?	supplemental repor	t, as directed
	MANI made	in event of plural births.	5. No., in order of birth.	<i>11</i> .	7. Date of birth Mont Day	10
n of mits sician).	PER!	8. Full name 7 7 FATHER	10	14.	MOTHER Day	Year
eyes in a	BINDING S IS A PE N: 118t be	le la	bhour	Full maiden name	Mary Lao	^
eyes in	R BI HIS J	9. Residence (Usual place of abode)	ile	15 Residence (Usual place of abode)	48000	
	04 0 F F F F F F F F F F F F F F F F F F F	If non-resident, give place and state. 10. Color or race		If non-resident, give	place and state.	
o se imp	IN RESERVED FOR B NFADING INK—THIS SEPARATE RETURN		42	16 Color or race		
rus called	RESI DIN PAR		st birthday 33 (Years)		17. Age at last birthday	. 6 (Years)
7 7 7	ARGIN RESERVED FOR H UNFADING INK—THI rth, a SEPARATE RETUR	12. Birthplace (city or place)	Le syria	18. Birthplace (city or pla	ace) Zahle R	ma
	MAR(WITH L	13. Occupation DO 0 0 0	2 0	(State or country)		
o porties gun méd	· · · · · · · · · · · · · · · · · · ·	Nature of industry	cont	19. Occupation Nature of industry	Louis -	•
	WRITE PLAINLY than one child at	20. Number of children of this mother	(a) P		- sering	<u>~</u>
las chan	P. P.	(Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now livin (b) Born alive but now dead (c) Stillborn	21. Were thain	precautions taken against oph tia neonatorum?	•
ebi do d	VRIT	CER	TIFICATE OF ATTENDING	PHYSICIAN OR MIDWIF	E*	
į	WRIT	* When there was no attended the birth o	f this child, who was	orn alive or stillborn.)	t 100 m. on the date a	bove stated
-		etc., should make this return. A stillborn	Signature 77 W	semice	(Physician or midwife	
	લ ન	shows other evidence of life after birth. Given name added from	Address	in ai	2 voician or midwie	···
•	S. No	a supplemental report // Month, day, year	Piled M	ay 31, 1,26	N. WHO	24
		Redistra	Filed	, 19	Local R	legistrar.
					County F	legistrar